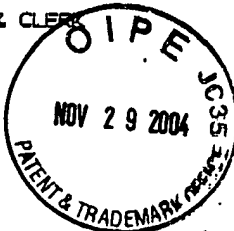


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PTO/BB/1 (2004)
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Application Number	10/780,055
Filing Date	March 2, 2004
First Named Inventor	James WILSON-MACDONALD
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3722
Examiner Name	NA
Attorney Docket Number	1011-001-10316

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☒ Practitioner associated with the Customer Number:

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Name	Registration Number

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State

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Country

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I declare:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statements under 37 CFR 3.73(b) is enclosed. (Form PTO/BB/6)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>James Wilson-Macdonald</i>	Date	24/4/04
Name	JAMES WILSON-MACDONALD	Telephone	+44 1865 744155
Title and Company	CONSULTANT ORTHOPAEDIC SURGEON OXFORD U.K.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.53. The information is required to obtain or obtain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is designed to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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Application Number	10790,033
Filing Date	March 2, 2004
First Named Inventor	David Wycliffe MURRAY
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10216

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Telephone

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☒ Applicant/inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	David Murray	Date	24/11/04
Name	David Wycliffe MURRAY	Telephone	+44 1865 227482
Title and Company	CONSULTANT ORTHOPAEDIC SURGEON, OXFORD, UK		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/769,033
Filing Date	March 2, 2004
First Named Inventor	Thomas Alfred Xander BONEMA
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	5752
Examining Office	N/A
Attorney Docket Number	1011-001-10516

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Name	Registration Number

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Individual Name
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I am/are:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	18 Nov 04
Name	Thomas Alfred Xander BONEMA	Telephone	+71 742549514
Title and Company	Project Manager OART Engineering		

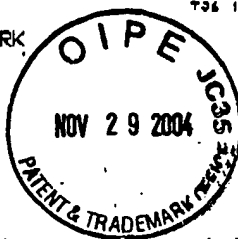
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1430. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	10790093
Filing Date	March 2, 2004
First Named Inventor	Martin HEKENS
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10818

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☒ I am the: Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	18 NOV 2004
Name	Martin HEKENS	Telephone	+31-742569514
Title and Company	Design Engineer / BART Engineering		

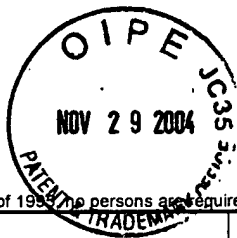
NOTE: Signatures of all the inventor(s) or assignee(s) of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	10/790,033
Filing Date	March 2, 2004
First Named Inventor	James WILSON-MACDONALD
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10316

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	James WILSON-MACDONALD	Telephone	
Title and Company			

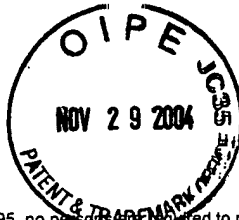
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 4 forms are submitted.

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Application Number	10/790,033
Filing Date	March 2, 2004
First Named Inventor	David Wycliffe MURRAY
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10316

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	David Wycliffe MURRAY	Telephone	
Title and Company			

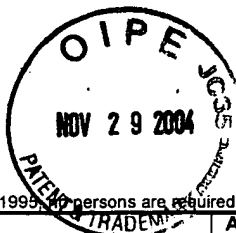
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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Application Number	10/790,033
Filing Date	March 2, 2004
First Named Inventor	Thomas Allard Xander BONNEMA
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10316

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Thomas Allard Xander BONNEMA	Telephone	
Title and Company			

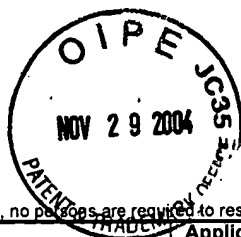
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Application Number	10/790,033
Filing Date	March 2, 2004
First Named Inventor	Martijn HEIKENS
Title	ORTHOPAEDICS DEVICE AND SYSTEM
Art Unit	3732
Examiner Name	N/A
Attorney Docket Number	1011-001-10316

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Martijn HEIKENS	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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